

N000696430
Date Filed: 7/20/2015
Jason Kander
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: <u>8/31/2015</u>

N000696430
5 game changers charity fund
EDWARD ROBINSON
721 DUNN ROAD
HAZELWOOD MO 63042

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 721 Dunn Road (Required) STREET <u>hazelwood MO 63042</u> CITY / STATE ZIP

2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information. <input type="checkbox"/> The new registered agent _____ IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT. <input type="checkbox"/> The new registered office address _____ Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.
---	---

	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	
	<u>PRESIDENT</u> jones, gary STREET 721 Dunn raod CITY/STATE/ZIP <u>hazelwood MO 63042</u>	<u>NAME</u> jones, Gary STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>	A
3	<u>SECRETARY</u> Lee, Bruce STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>	<u>NAME</u> trull, danny sr STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>	B
	<u>CHAIRMAN</u> jones, gary STREET 721 Dunn raod CITY/STATE/ZIP <u>hazelwood MO 63042</u>	<u>NAME</u> lee, bruce STREET 721 dunn road CITY/STATE/ZIP <u>haazelwood MO 63042</u>	
	STREET _____ CITY/STATE/ZIP _____	<u>NAME</u> robinson, edward STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>	
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED		

4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *
	Authorized party or officer sign here <u>gary jones</u> (Required)
	Please print name and title of signer: <u>gary jones</u> / <u>Director</u> NAME TITLE

REGISTRATION REPORT FEE IS: ___\$10.00 If filed on or before 8/31/2015 ___\$15.00 If filed after 9/30/2015 Corporation will be administratively dissolved if report is not filed by 11/29/2016

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): gjones@uaw.net